

Self-Direct Plan of Care

A guide for case managers

Developmental Disabilities Program

1/1/2014

This guide should be used by Waiver Children's Case Managers and Adult Targeted Case Managers while developing plans of care with individuals who are self directing at least one waiver service. This information should accompany the standard portions of the plan of care usually completed for individuals in services. For additional information please see the Self-Direct with Employer Authority Handbook and Self Direct Agency with Choice Handbook found at: <http://www.dphhs.mt.gov/dsd/ddp/selfdirection.shtml>

Self-Direct Plan of Care

SUPPORT BROKER WORKSHEET

Support Broker Job Duties Provide assistance and information needed to perform the duties of Self-Direction with Employer Authority to individuals/representatives acting with Employer Authority	Number of Hours Needed Per month	Multiplied	Wage Per Hour – (not to exceed max wage listed on Show Me the Money form)
a. Assist the individual/employer to prepare for the annual planning meeting, through identification of the supports that the individual needs and related risks identified.		X	
b. Assist the individual/employer, as needed, to protect personal health and safety through development of a comprehensive backup plan for each potential risk that includes multiple backup strategies should a support fail		X	
c. Assist the individual/ employer, as needed, to meet employer responsibilities and to learn and implement the skills needed to recruit, hire, and monitor direct service staff		X	
d. Assist the individual/employer to review and manage the individual's budget		X	
e. Assist the individual/employer to identify and develop community resources to meet specific self-direct service needs		X	
f. Assist the individual/employer with submission of any documentation as required		X	
g. Assist the individual/employer to update processes as needed, including review of progress toward the goals identified in the Plan of Care and submitting information to the Case Manager for review.		X	
h. Participate with the individual/employer in Department quality assurance activities, as requested		X	
Support Broker Job Duties Total Hours Needed Per Month			

This form can be used by the planning team to help guide the discussion of how much time a Support Broker will be required based on the skills the employer already possesses. The wage is flexible and can range from minimum wage to (see the latest Show Me the Money form) depending on the task performed. An employer can also decide to pay the same wage regardless of task performed. Remember the employer taxes will also need to be deducted and the Case Managers can use the Self Direct ICP Calculator to obtain the complete information necessary to build the ICP.

***Note: This service is capped annually at \$6,000 or 20% of value of the individual's cost plan, whichever is smaller for the 0208 waiver and capped at \$4,000 for the 1037 waiver. This cap can be exceeded for a limited time period in extraordinary circumstances, with the prior approval of the DDP program.**

EXAMPLES OF TYPICAL ACTIVITIES OF SUPPORTS BROKERS AND CASE MANAGERS IN SELF-DIRECTED SERVICES

SUPPORTS BROKERS	CASE MANAGERS
<p>May Provide Information to Individuals About:</p> <ul style="list-style-type: none"> • The person-centered planning process and how it is applied in Self-direction • The range and scope of individual choices, and options • The process for changing the plan of care and individual budget • Risks and responsibilities associated with self-direction and decision making • Free choice of providers • Individual rights • Self-direction limitations or restrictions • Other subjects in this handbook or otherwise pertinent to the management and directing of self-directed services <p>May Provide Assistance to the Individual With:</p> <ul style="list-style-type: none"> • Defining goals, needs, and preferences • Practical skills training in hiring, arranging schedules, training, managing and terminating workers; problem solving and conflict resolution • Managing the individual's self directed budget • Development of an emergency back-up plan for services which are self directed • Identifying and obtaining self-directed services, supports, and resources • Recognizing and reporting of critical incidents such as abuse or neglect • Independent advocacy • Other areas in this handbook or otherwise related to managing self directed services and supports. • Developing and maintaining appropriate documentation. 	<p>Provides Assistance With:</p> <ul style="list-style-type: none"> • The program process of determining and reassessing eligibility for services • Crisis intervention and management for individuals <p>Provides Information about:</p> <ul style="list-style-type: none"> • Various settings for service delivery: facility-based, congregate care, community based, personal home • Service options: traditional agency based, self-directed with agency support, self-directed with Employer Authority <p>Completes Tasks:</p> <ul style="list-style-type: none"> • Comprehensive initial and periodic reassessment of individual to determine needs including taking client history, gathering information from a wide range of sources • MONA assessments for evaluation of service levels when significant changes occur. • Development and periodic revision of the Plan of Care, specifying outcomes based on assessment of needs, ensuring active participation of the individual and others. • Referrals to link individual with providers or other programs and services and assisting in scheduling those appointments for the individual. • Monitoring and follow-up of activities through personal contact with the individual, family, providers, or other entities as frequently as necessary to ensure implementation and adequacy of supports and services in accordance with the Plan of Care. • Development and monitoring of cost plan and individual budgets • Coordination of information sharing regarding the individual with appropriate entities.

Self-Direct Plan of Care

Developmental Disabilities Program Training Plan Checklist

Use this checklist to identify and record staff training in addition to the training requirements listed in the waivers.

Employee Training Plan For (Employer):

Employee Name:	Date
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Instructions: Record below **who** will provide the training to the employee and how (Example: parents, therapist, individual, **when** they will train (timeline), and **how** they will train (Example: write out directions, make videotape, show/practice)

People who support me need certifications. Put an "X" next to the ones that apply:				
Training		Who will train	When	How
	CPR			
	Medication administration			
	MANDT			
	Massage therapy			
	Orientation and mobility training			
	Certified nursing assistant			
	Other			
People who support me need general information. Put an "X" next to the ones that apply:				
Training		Who will train	When	How
	Behavior intervention			
	Age – appropriate intervention			
	Managing specific disabilities (Example: autism)			
	Become familiar with my home and neighborhood			
	Locate and be familiar with my emergency back-up plan			
	Other (Specify):			

People who support me need specific instruction in/to:				
Training		Who will train	When	How
HEALTH Put an "X" next to the ones that apply:				
	Assist with medications			
	Manage symptoms of illness			
	Follow special health procedures			
	Use special health equipment			
	Seizure Management			
	Other (Specify):			
MOBILITY Put an "X" next to the ones that apply:				
	Lifting and transferring			
	Help with moving about (use walker, cane etc)			
	Transporting in a vehicle			
	Orientation and mobility training for visually impaired			
	Other (Specify):			
ROUTINES Put an "X" next to the ones that apply:				
	Assist with daily routine			
	Assist to wake up or get to sleep			
	Assist with feeding, diet or meals			
	Assist with hygiene: dress/bath/ shave/care for menses			
	Assist in play/recreation activities			
	Other (Specify):			
INTERACTING Put an "X" next to the ones that apply:				
	Communicate with			
	Gain trust and cooperation			
	Understand likes and dislikes			
BEHAVIOR Put an "X" next to the ones that apply:				

	Help to contact others/make friends			
	Respond to refusals/frustration behavior			
	Carry out behavior intervention plan			
	Respond to fearfulness or sensitivity			
	Respond to repeated behaviors			
	Assist in relaxing after a stressful episode			
	Other (Specify):			
SAFETY Put an "X" next to the ones that apply:				
	Prevent from wandering			
	Help to avoid high risk behavior			
	Assist in use of special equipment			
	Other (Specify):			

- ✓ This training form will be used with all individuals self directing with employer authority at least one direct care waiver service.
- ✓ This form is not all encompassing and Case Managers can add rows in appropriate sections where training needs are identified but not addressed by the form.
- ✓ After the team has decided the skills and knowledge required by people providing direct care to an individual a copy needs to be made for the employer.
- ✓ The employer should complete this training form for each employee hired to document the employee was hired having the skills and knowledge or if not, when the training was completed.
- ✓ This training form should be kept with the employee's other records for review and audit purposes.

DDP Self Direct Services List

Service	0208 Comprehensive Waiver		1037 SCWL Waiver		0667 CAW Waiver	
	Employer Authority (Empl Auth)	Agency with Choice (AwC)	Employer Authority (Empl Auth)	Agency with Choice (AwC)	Employer Authority (Empl Auth)	Agency with Choice (AwC)
Supports Brokerage	X	X	X	X		
Personal Supports	X	X	X	X		
Respite	X	X	X	X	X	
Environmental Modifications/ Adaptive Equipment	X		X	X		
Individual Goods and Services	X		X	X		
Personal Emergency Response System (PERS)	X	X	X	X		
Meals	X		X	X		
Community Transition Services	X	X				
Transportation	X	X	X	X	X*	
Job Discovery/Job Preparation	X	X	X	X		
SE - Co-Worker Support	X	X	X	X		
SE-Individual Employment Support	X	X	X	X		
SE - Small Group Employment		X		X		
SE - Follow Along Support	X	X	X	X		
Live-in Caregiver		X				
WCCM- Waiver-funded Children's Case Management		X				
Caregiver Training and Support		X				
Behavioral Support Services				X		

*In the 0667 Waiver, transportation related to self-directed respite is the only transportation that can be self-directed.

Self-Direct Plan of Care

Qualifications and Required Training of Employees

All employees the individual hires to provide direct services must meet minimum qualifications established by the waiver for each service.

First Aid Certification

Depending on the service provided, some employees are required to maintain **current** First Aid certification throughout the course of their employment. If the person's employees' First Aid certification expires, then they may not be paid for providing services to the individual under any Self-Direct option.

College of Direct Support

Depending on the service provided, some employees are required to complete training modules in the College of Direct Support. This is an on-line training and can be completed through any computer with internet access. Contact the Developmental Disabilities Training and Development Specialist for assistance in accessing this website and understanding the most up to date requirements.

***Other training is available in the College of Direct Support. Employers may consider requiring other courses as optional training for their employees.**

College of Direct Supports Training for Direct Care Employees include topics such as:

SAFETY AT HOME AND IN THE COMMUNITY

- Risks, Choice and Common Sense
- Fire Safety
- Responding to Emergencies

MALTREATMENT

- Defining Abuse, Neglect and Exploitation
- Preventing Abuse, Neglect and Exploitation
- Reporting Abuse, Neglect and Exploitation
- Documenting Abuse, Neglect and Exploitation

DOCUMENTATION

- Effective Documentation
- Confidentiality in Documentation

Self-Direct Plan of Care

Specific Staff Qualifications for each direct support service (services vary per waiver, see page 7 for a complete list):

Respite:

Minimum staff qualifications and conditions of self direct service delivery:

- Must be a minimum of 16 years of age
- Only employees 18 and older are permitted to provide respite services when the person supported requires the provision of services that are medical in nature.
- Not required to pass a criminal background check when employed by individual, family or guardian
- Must not be on the list of excluded individuals and entities maintained at the System for Award Management
- For individuals under 18 years old may be provided by the individual's relatives, but may NOT be provided by the parents/legal guardian.
- For individuals over 18 years old may be provided by the individual's parent or relatives, but may NOT be provided by the individual's primary caregiver, spouse or a legally fiscally responsible person.
- Must be knowledgeable of the physical and mental conditions of the recipient;
- Knowledgeable of the common medications and related conditions of the recipient; and
- Capable of administering basic first aid.
- If providing transportation to the individual, the employee must be 18 and have:
 - A valid Montana driver's license;
 - Adequate automobile insurance as determined by the department;
 - Assurance of vehicle compliance with all applicable federal, state and local laws and regulations
- If using Agency with Choice, additional requirements may apply, please see Appendix C of the waiver for specific information.

Personal Supports:

Minimum staff qualifications and conditions of self direct service delivery:

- Must be a minimum of 18 years of age
- Must pass a criminal background check
- Must not be on the list of excluded individuals and entities maintained at the System for Award Management
- Must receive training in abuse reporting, incident reporting, client confidentiality, service documentation requirements, first aid, and other identified needs
- Med certification if assisting with medications
- If providing transportation to the individual, the employee must have:
 - A valid Montana driver's license;
 - Adequate automobile insurance as determined by the department;
 - Assurance of vehicle compliance with all applicable federal, state and local laws and regulations
- If using Agency with Choice, additional requirements may apply, please see Appendix C of the waiver for specific information

Supports Broker:

Minimum staff qualifications and conditions of self direct service delivery:

- Must be a minimum of 18 years of age

- Must pass a criminal background check
- Must not be on the list of excluded individuals and entities maintained at the System for Award Management
- Must be certified as Supports Brokers before being hired
- Must be competent in the areas of:
 - ✓ abuse reporting,
 - ✓ incident reporting,
 - ✓ client rights,
 - ✓ client confidentiality,
 - ✓ fiscal management service forms and billing procedures,
 - ✓ scheduling of direct service workers,
 - ✓ on call and emergency back-up support models,
 - ✓ person centered planning,
 - ✓ individualized budgeting,
 - ✓ recruitment, hiring and firing of direct support workers,
 - ✓ the grievance/fair hearing process,
 - ✓ negotiating service rates,
 - ✓ DDP funded service options,
 - ✓ other skills and competencies as required by DDP and DPHHS.
- Must maintain certification in accordance with DDP requirements
- Individuals excluded from serving as a support broker:
 - Parents
 - Spouse
 - legal guardian
 - employees of agencies providing other DDP funded services to the individual
 - Any persons who function as the individual's conservator, payee, or who have any other money management responsibilities for the individual cannot be the individual's Supports Broker

Job Discovery/Job Preparation

Minimum staff qualifications and conditions of self direct service delivery:

- Must be a minimum of 18 years of age
- Must pass a criminal background check
- Must not be on the list of excluded individuals and entities maintained at the System for Award Management
- Must receive training in abuse reporting, incident reporting, client confidentiality, service documentation requirements, first aid, and other identified needs
- If using Agency with Choice, additional requirements may apply

Supported Employment – Individual Employment Support

Minimum staff qualifications and conditions of self direct service delivery:

- Must be a minimum of 18 years of age
- Must pass a criminal background check
- Must not be on the list of excluded individuals and entities maintained at the System for Award Management
- Must receive training in abuse reporting, incident reporting, client confidentiality, service documentation requirements, first aid, and other identified needs (available through college of direct supports).
- Med certification if assisting with medications
- If using Agency with Choice, additional requirements may apply

Supported Employment – Follow Along Support

Minimum staff qualifications and conditions of self direct service delivery:

- Must be a minimum of 18 years of age
- Must pass a criminal background check
- Must not be on the list of excluded individuals and entities maintained at the System for Award Management
- Must receive training in abuse reporting, incident reporting, client rights, client confidentiality, service documentation requirements, first aid, and other identified needs
- Med certification if assisting with medications
- If using Agency with Choice, additional requirements may apply

Supported Employment – Small Group Support (Agency with Choice service delivery option only)

Minimum staff qualifications and conditions of self direct service delivery:

- Must be a minimum of 18 years of age
- Must pass a criminal background check
- Must not be on the list of excluded individuals and entities maintained at the System for Award Management
- Must receive training in abuse reporting, incident reporting, client confidentiality, service documentation requirements, and other identified needs
- Med certification if assisting with medications
- Staffing rules as outlined in ARM 37.34.2101-2111
- Completion of first aid, CPR and College of Direct Support Training in accordance with DDP requirements

Supported Employment – Co-Worker Support

Minimum staff qualifications and conditions of self direct service delivery:

- Must be a minimum of 18 years of age
- Must pass a criminal background check
- Must not be on the list of excluded individuals and entities maintained at the System for Award Management
- Any additional specialty training relating to the needs of the individual served, as outlined in the plan of care
- If using Agency with Choice, additional requirements may apply

Behavioral Supports (Agency with Choice option only)

- Must meet the certification requirement as outlined in ARM 37.34.1422 (2)
- Must pass a criminal background check
- Must not be on the list of excluded individuals and entities maintained at the System for Award Management

Live-in Caregiver (Agency with Choice option only)

Minimum staff qualifications and conditions of self direct service delivery:

- Must be a minimum of 18 years of age
- Must pass a criminal background check
- Must not be on the list of excluded individuals and entities maintained at the System for Award Management
- Must receive training in abuse reporting, incident reporting, client confidentiality, service documentation requirements, and other identified needs
- Med certification if assisting with medications
- Staffing rules as outlined in ARM 37.34.2101-2111
- Completion of first aid, CPR and College of Direct Support Training in accordance with DDP requirements

- Legal guardians, parents of adult individuals and legally responsible persons may not provide this service

Caregiver Training and Support (Agency with Choice option)

Minimum staff qualifications and conditions of self direct service delivery:

- Must be a minimum of 18 years of age
- Must pass a criminal background check
- Must not be on the list of excluded individuals and entities maintained at the System for Award Management
- Staffing rules as outlined in ARM 37.34.2101-2111
- If providing services to persons ages 0-15, must obtain FSS certification in accordance with DDP policies
- If providing services to persons ages 16 and older, must have a BA degree in a human services field and a minimum of three years' experience in the field of developmental disabilities
- This service is only available to unpaid caregivers

Waiver Children's Case Management (Agency with Choice option)

Minimum staff qualifications and conditions of self direct service delivery:

- Must be a minimum of 18 years of age
- Must pass a criminal background check
- Must not be on the list of excluded individuals and entities maintained at the System for Award Management
- Staffing rules as outlined in ARM 37.34.2101-2111
- If providing services to persons 16-21, must be PSP certified
- Must have a bachelors degree in social work or a related field plus one year of experience (or other related experience as outlined in DDP policy)

Transportation

- Must be a minimum of 18 years of age
- Must not be on the list of excluded individuals and entities maintained at the System for Award Management
- Must have:
 - A valid Montana driver's license;
 - Liability automobile insurance and proof of registration
 - Assurance of vehicle compliance with all applicable federal, state and local laws and regulations

****For complete descriptions of the waiver services click on <http://www.dphhs.mt.gov/dsd/ddp/medicaidwaivers.shtml>**
 . Then click on the appropriate waiver: Children's Autism Waiver, 0208 Comprehensive Waiver, 1037 Supports for Community Working and Living. After you click on the appropriate waiver, go to Appendix C on the screen and scroll to the service name you are wishing to learn more about.

Self-Direct Plan of Care Back up Planning

Having well planned contingency and emergency plans are vital to the individual's well being, safety, and success. Individuals receive services in a variety of settings and may receive waiver supports and services in places where staff or natural supports might not be continually available. The failure in service delivery could lead to an immediate risk to a individual's health and/or safety.

As the employer hires their primary employees, they must also make arrangements for "back-up" employees to fill in when a regular employee is not available and for emergency situations. The individual's Supports Broker or possibly Case Manager will assist the individual in developing a back-up plan, which will outline what the individual will do if employees don't arrive to work as planned.

Back-up employees must complete all of the same paperwork and qualifications as primary employees. Unpaid back-up assistance from family, friends, and others would not require the employee paperwork. If the individual must have services and an employee or unpaid caregiver is not available, the individual may need to include traditional DD agency-based services as part of his/her back-up plan.

The individual's plan of care must include a functional emergency back-up plan that consists of at least two options assuring that services identified as critical to his/her health and safety are provided as needed when a regular employee is not able to provide these services.

Methods the individual may use for back-up services include:

- ✓ Hire and use paid part-time and/or back-up employees.
- ✓ Develop options with the individual's family and friends to use as unpaid resources and supports.
- ✓ Connect with other people using the Self-Direct with Employer Authority option who may have employees willing to provide backup services.
- ✓ Have an agreement with traditional agency based services.
- ✓ When utilizing Agency with Choice model of Self Direct, it may be appropriate to negotiate other agency staff as an integral part of the back up plan.

The individual's back-up plan should include:

- ✓ The name of the waiver service or the type of other service needed
- ✓ The name of the primary provider or employee for each service (if known)
- ✓ The name of a person responsible for implementing a back-up plan should the primary employee become ill or otherwise unable to provide services
- ✓ Telephone numbers for responsible parties

Key questions for making backup plans:

- ✓ Does each outcome/action of the self direct plan of care include a backup plan in case there are emergencies, changes in employees or providers, etc.? A plan to address concerns of safety should be included. Not all individuals will require a safety plan, but an effective plan will identify what team members will do in an emergency.
- ✓ Does each outcome/action of the plan identify who is responsible to assist in its implementation?
- ✓ Does each outcome/action of the plan outline when tasks will be completed?
- ✓ Do team members know what to do if they are unable to complete an assigned task?
- ✓ Does the plan reflect the need for ongoing communication with the team and the employer to evaluate outcomes/actions on a regular basis?

Self-Direct

Plan of Care

(Sample Backup Plan Form for children)

SECTION V -	OUTCOME # _____	Add an asterisk (*) to the number if the Outcome was carried over from the previous IFSP.
Outcome:		
Implementation Date:		
Assessment used to develop this outcome:		
Backup plan for this outcome:		
We will know we achieved this outcome when:		
Date of IFSP Six Month Review: ____/____	Parent/Guardian/Surrogate Initials: _____	
Status of Outcome: _____ Completed _____ Continued _____ Modified _____ Discontinued		
Describe Progress of Outcome:		
Rate the individual's/family's satisfaction with the process to achieve the outcome: _____ Very Satisfied _____ Satisfied _____ Dissatisfied		

Rate the individual's/family's satisfaction with the amount of progress toward achieving the outcome:

____ **Very Satisfied** ____ **Satisfied** ____ **Dissatisfied**

Comment(s)/modifications:

Date of IFSP Annual Review: ____/____

Parent/Guardian/Surrogate Initials: ____

Status of Outcome:

____ **Completed** ____ **Continued** ____ **Modified** ____ **Discontinued**

Describe Progress of Outcome:

Rate the individual's/family's satisfaction with the process to achieve the outcome:

____ **Very Satisfied** ____ **Satisfied** ____ **Dissatisfied**

Rate the individual's/family's satisfaction with the impact of achieving the outcome:

____ **Very Satisfied** ____ **Satisfied** ____ **Dissatisfied**

Comment(s)/modifications:

Self-Direct Plan of Care (Sample Backup Plan Form)

Outcomes

Note: Please duplicate this page, as needed, for each Outcome.

Vision Statement:

Outcome: *Written to answer this question: "What do I want to do this year?"*

Assessment tool/s used:

Actions (Approach): How do I get there? How will this be accomplished?	Start Date/ Completion Date	Backup Plan <i>Include name of responsible person and phone number.</i>	Date Review Due

Additional Information: